



ENERGY AND ENVIRONMENT CABINET

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS LANE, SECOND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER 502-564-6716**

**Application for Renewal of a Formal Permit
Form DEP 7095 (1/10)**

Statutes and regulations may be viewed online at the following website address: <http://www.lrc.ky.gov/search.htm>

Solid waste application forms are available at the following website address: <http://www.waste.ky.gov>

DWM OFFICIAL USE ONLY

AI#: _____

Application #: _____

GENERAL INSTRUCTIONS

- 1. APPLICABILITY - This form must be complete and submitted to the cabinet by persons requesting the renewal of a permit for a solid or special waste management facility. The cabinet will publish a public notice for applicable solid waste facilities pursuant to the requirements of KRS 224.40-310(14).**
- 2. ASSISTANCE – Questions regarding this form may be directed in writing to the Division of Waste Management (DWM), Solid Waste Branch at the address listed above, or by calling 502-564-6716.**
- 3. SUBMISSION – Please type or print legibly in permanent ink. Submit the original and two (2) copies of the completed form to the DWM at the address listed above. If an item is not applicable, write “N/A” in the space provided.**
- 4. FILING FEES – Applicants must submit a filing fee at the time of application submittal in accordance with 401 KAR 47:090, Section 2 for Solid Waste facilities or 401 KAR 45:250, Section 2 for Special Waste Facilities.**
- 5. LAWS AND REGULATIONS – Applicants are expected to understand and comply with all laws and regulations applicable to the facility.**

To assist you in the submittal of a complete and accurate application, the DWM has identified the most common errors made in the review process. These errors are listed below for your convenience.

- 1. Failure to provide the appropriate fee.**
- 2. Failure to finish all parts of the application, including appropriate, fully completed attachments.**
- 3. Failure to comply with public notice requirements. See KRS 224.40-310 and 401 KAR 47:140, Section 7 for more information.**
- 4. Failure to comply with financial assurance requirements. If the existing financial assurance is insufficient to fully cover current closure and post-closure costs, updates will be required.**
- 5. Failure to properly sign and notarize the application. See KRS 224.01-010(44), 401 KAR 47:160, Section 6 and 401 KAR 45:030, Section 10 for more information.**



Application for Renewal of a Formal Permit

General Information

1. Permit Number: - 2. County:
3. Date Submitted: - -
4. Agency Interest Number: 5. Permit Expiration Date: - -
6. Number of years for which the Renewal is requested:
7. The applicant proposes to extend the expiration date of the permit to: - -
8. Fee submitted: \$. 9. Check or Money Order #:
10. Method of payment: ☐ Check
☐ Money Order
☐ Cashier's Check
☐ Exempt (Publicly Owned Facility)
☐ Other – explain:

Applicant Information

11. Permittee Name:
12. Mailing Address:
13. City: 14. State: 15. Zip Code: -
16. Contact Person:
17. E-mail Address:
18. Phone #: - - ext.
19. Cell #: - - 20. Fax #: - -



Facility Information21. Facility Name: 22. Physical Address: 23. City: 24. State: 25. Zip Code: - 26. Contact Person: 27. E-mail Address: 28. Phone #: - - ext. 29. Cell #: - - 30. Fax #: - - 31. Mailing Address (if different from physical address): 32. City: 33. State: 34. Zip Code: - **Manager and Operator Information**35. Certified Manager: 36. Mailing Address: 37. City: 38. State: 39. Zip Code: - 40. E-mail Address: 41. Phone #: - - ext. 42. Cell #: - - 43. Fax #: - - 44. Certified Operator: 45. Mailing Address: 46. City: 47. State: 48. Zip Code: - 49. E-mail Address: 50. Phone #: - - ext. 51. Cell #: - - 52. Fax #: - - 

Permit Information

53. Permit Type: Check all that are applicable.

- ☐ Contained Landfill Facility
- ☐ Construction/Demolition Debris Landfill Facility
- ☐ Residual Landfill Facility
- ☐ Residential Landfill Facility
- ☐ Special Waste Landfill Facility
- ☐ Special Waste Landfarm Facility
- ☐ Special Waste Composting Facility
- ☐ Other – Explain:
- ☐ Other – Explain:
- ☐ Other – Explain:
- ☐ Other – Explain:

54. Provide the following information for the current approved permit:

- a. Total Permit Area: . acres
- b. Permitted Waste Disposal Area: . acres
- c. Is the facility currently accepting waste? ☐ Yes ☐ No
- d. If yes, what is the anticipated closure date? - -
- e. Current Average Fill Rate: . Tons Per Day; Days Per Week
- f. Remaining air space as of last annual survey: . Cubic Yards
- g. If the remaining air space is calculated by any method other than an annual survey, describe the method used.

Financial Information

55. Complete the following section for all Financial Instruments currently on file for this facility:

<input type="checkbox"/>	Mechanism	Name of Provider	Instrument #	\$ Amount
<input type="checkbox"/>	Letter of Credit			\$.
<input type="checkbox"/>	Surety Bond			\$.
<input type="checkbox"/>	Escrow Agreement			\$.
<input type="checkbox"/>	Budget			\$.
<input type="checkbox"/>	Financial Test			\$.
<input type="checkbox"/>	Certificate of Insurance			\$.
<input type="checkbox"/>	Trust Account			\$.
<input type="checkbox"/>	Other – Explain: 			\$.
<input type="checkbox"/>	Other – Explain: 			\$.
<input type="checkbox"/>	Other – Explain: 			\$.

56. Provide, as **Attachment 1**, a current worst-case closure and post-closure maintenance cost estimate.

57. Provide Past Performance Information (Disclosure):

For a Solid Waste Facility, complete **Form DEP 7087**.

Certification

58. Pursuant to 401 KAR 47:160, Section 6, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement.

NOTE: Consultants may not sign the following certification statement.

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.”

Name of Person Signing (type or print):

Title of Person Signing:

Date: - -

Signature per 401 KAR 47:160: _____

Subscribed and sworn to before me this _____ day of _____, Year 20_____

Notary Public Signature: _____

State of _____ County of _____ My commission expires: _____

